

**PROVIDER RELATIONS**

**1. Exclusivity**

Contractor shall not prohibit any subcontractor from providing services to Medi-Cal beneficiaries who are not Members of the Contractor's plan. Exclusivity requirements are not prohibited for subcontracting Knox-Keene licensed health care service plans.

**2. Provider Grievances**

Contractor shall have a formal process to accept, acknowledge, and resolve provider grievances. A provider of medical services may submit to Contractor a grievance concerning the authorization or denial of a service; denial, deferral or modification of a prior authorization request; or the processing of a payment or non-payment of a claim by the Contractor. This process shall be communicated to subcontracting and non-contracting providers.

**3. Non-Contracting, Non-Emergency Provider Communication**

Contractor shall develop and maintain protocols for payment of claims, and communicating and interacting with non-contracting, non-emergency providers.

**4. Provider Manual**

Contractor shall issue a Provider Manual and updates to the providers of Medi-Cal services. The manual and updates shall serve as a source of information to health care providers regarding Medi-Cal services, policies and procedures, statutes, regulations, telephone access and special requirements.

**5. Provider Training**

Contractor shall ensure that all providers receive training regarding the Medi-Cal Managed Care program in order to operate in full compliance with the Contract and all applicable Federal and State statutes and regulations. Contractor shall ensure that provider training relates to Medi-Cal Managed Care services, policies, procedures and any modifications to existing services, policies or procedures. Contractor shall conduct training for all providers within ten (10) days after the Contractor places a newly contracted provider on active status. Contractor shall ensure that ongoing training is conducted when deemed necessary by either the Contractor or the State.

**6. Submittal of Inpatient Days Information**

Upon DHS' written request, Contractor shall report hospital inpatient days to DHS as required by W&I Code, section 14105.985(b)(2) for the time period and in the form and manner specified in DHS' request, within thirty (30) days of receipt of the request. Contractor shall submit additional reports to DHS, as requested, for the administration of the Disproportionate Share Hospital program.

**7. Emergency Department Protocols**

Contractor shall develop and maintain protocols for communicating and interacting with emergency departments. Protocols shall be distributed to all emergency departments in the contracted Service Area and shall include at a minimum the following:

- A. Description of telephone access to triage and advice systems used by the Contractor.
- B. Plan contact person responsible for coordinating services and who can be contacted 24 hours a day.
- C. Written referral procedures (including after-hours instruction) that emergency department personnel can provide to Medi-Cal Members who present at the emergency department for non-emergency services.
- D. Procedures for emergency departments to report system and/or protocol failures and process for ensuring corrective action.